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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/735,477	12/11/2003	David C. Hovda	S-16	2479	
	21394 7590 05/25/2007 ARTHROCARE CORPORATION			EXAMINER	
680 VAQUERO	OS AVENUE , CA 94085-3523		TOY, ALEX B		
SUNNIVALE	, CA 94063-3323		ART UNIT	PAPER NUMBER	
		•	3739		
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			NOTIFICATION DATE	DELIVERY MODE	
			05/25/2007	ELECTRONIC	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

intel_prop@arthrocare.com

	•	\	no l				
	Application No.	Applicant(s)	/ J				
•	10/735,477	HOVDA, DAVID	C.				
Office Action Summary	Examiner	Art Unit					
	Alex B. Toy	3739					
The MAILING DATE of this communication Period for Reply	appears on the cover sheet	with the correspondence ac	ddress				
A SHORTENED STATUTORY PERIOD FOR REWHICHEVER IS LONGER, FROM THE MAILING - Extensions of time may be available under the provisions of 37 CFR after SIX (6) MONTHS from the mailing date of this communication. - If NO period for reply is specified above, the maximum statutory per - Failure to reply within the set or extended period for reply will, by state Any reply received by the Office later than three months after the magnetic patent term adjustment. See 37 CFR 1.704(b).	DATE OF THIS COMMU t 1.136(a). In no event, however, may iod will apply and will expire SIX (6) N atute, cause the application to become	NICATION. To a reply be timely filed NONTHS from the mailing date of this of ABANDONED (35 U.S.C. § 133).					
Status							
1) Responsive to communication(s) filed on 05	5 March 2007						
·— · · —	his action is non-final.						
·—		atters, prosecution as to th	e merits is				
•	Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under <i>Ex parte Quayle</i> , 1935 C.D. 11, 453 O.G. 213.						
Disposition of Claims							
4) Claim(s) 1-5,7,8,10,11,13-23,25 and 26 is/a	are pending in the applicati	on.					
4a) Of the above claim(s) is/are without							
5) Claim(s) is/are allowed.							
6) Claim(s) 1-5,7,8,10,11,13-23,25 and 26 is/a	Claim(s) <u>1-5,7,8,10,11,13-23,25 and 26</u> is/are rejected.						
7) Claim(s) is/are objected to.							
8) Claim(s) are subject to restriction an	d/or election requirement.						
Application Papers							
9)☐ The specification is objected to by the Exam	niner.						
10)⊠ The drawing(s) filed on <u>07 May 2007</u> is/are: a)⊠ accepted or b)□ objected to by the Examiner.							
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).							
Replacement drawing sheet(s) including the cor			FR 1.121(d).				
11) The oath or declaration is objected to by the							
Priority under 35 U.S.C. § 119							
12) Acknowledgment is made of a claim for fore a) All b) Some * c) None of:	eign priority under 35 U.S.C	; § 119(a)-(d) or (f).					
•	ents have been received						
3. Copies of the certified copies of the p		• •	l Stage				
application from the International Bur			1g				
* See the attached detailed Office action for a	*	not received.					
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Attachment(s)							
1) Notice of References Cited (PTO-892)		ew Summary (PTO-413)					
2) Notice of Draftsperson's Patent Drawing Review (PTO-948)		No(s)/Mail Date of Informal Patent Application (PT	TO-152)				
 Information Disclosure Statement(s) (PTO-1449 or PTO/SB Paper No(s)/Mail Date 3/8/07; 5/7/07. 	(708) 5) 1 Notice 6) 1 Other:						
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DETAILED ACTION

Response to Amendment

This Office Action is in response to applicant's amendment filed on March 5, 2007. All previous rejections are maintained.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 1-5, 7-8, 10-11, 13-23, and 25-26 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Regarding independent claim 1, applicant recites "independently advancing at least one optic fiber through an access device into a nucleus of the disc". However, it is still unclear what the optic fiber is being independently advanced with respect to. Since there is no relative reference point, the claim is indefinite. In remarks filed September 11, 2006, applicant uses the language "independently advanced with respect to a disc". In the latest remarks filed on March 5, 2007, applicant uses the language "independently advancing an optic fiber through (or with respect to) the access device". Please clarify this position in future remarks and in amended claim language.

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Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

Claims 1-2, 4-5, 10-11, 13-18, and 25-26 are rejected under 35 U.S.C. 102(b) as being anticipated by Underwood et al. (U.S. Pat. No. 6,277,112 B1).

Regarding claim 1, Underwood et al. disclose a method for treating an intervertebral disc comprising:

Independently advancing at least one optic fiber 324 through an access device 302 and into a nucleus of the disc (col. 26, ln. 53-59, col. 26, ln. 63 – col. 27, ln. 8, and Figs. 16 and 17); and

Viewing an interior of the disc using at least one of the optic fibers (Figs. 17 and 18).

Regarding claim 2, Underwood et al. disclose the method of claim 1, further comprising advancing an access device into the disc to create a passageway into the disc with the access device (col. 27, ln. 44-49).

Regarding claim 4, Underwood et al. disclose the method of claims 1 and 2, further comprising:

Advancing a treatment device 310 through the access device 302 (Fig. 16); and Activating the treatment device to treat the disc (col. 27, In. 64 – col. 28, In. 16 and Fig. 18).

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Regarding claim 5, Underwood et al. disclose the method of claims 1, 2, and 4, wherein activating the treatment device occurs prior to viewing the interior of the disc (Fig. 18). Since the treatment device of Underwood et al. must first remove tissue from the interior of the disc in order for the optical fiber to be able to view the interior, the treatment device is inherently activated prior to viewing the interior of the disc.

Regarding claim 10, Underwood et al. disclose the method of claims 1, 2, and 4, wherein the treatment device includes at least one active electrode 357 and a return electrode 350, wherein activating the treatment device comprises applying a high frequency voltage between the active and return electrodes (col. 27, ln. 64-67 and Fig. 17).

Regarding claim 11, Underwood et al. disclose the method of claims 1-2, 4, and 10, further comprising using a conductive medium to form a current path between the active and return electrodes (col. 27, ln. 40-42 and 53-58 and Fig. 17)

Regarding claim 13, Underwood et al. disclose the method of claims 1-2, 4, and 10-11, where the conductive medium is the naturally occurring fluid within the disc. The naturally occurring fluid is inherently present in the disc. Therefore, the conductive medium must inherently comprise at least the naturally occurring fluid.

Regarding claim 14, Underwood et al. disclose the method of claims 1, 2, (and 4) wherein advancing the treatment device comprises advancing the treatment device into a nucleus pulposus of the disc (col. 27, ln. 44-49).

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Regarding claim 15, Underwood et al. disclose the method of claims 1, 2, and 4, wherein activating the treatment device comprises ablating tissue within the disc (col. 27, In. 64-67 and Figs. 17 and 18).

Regarding claim 16, Underwood et al. disclose the method of claims 1-2, 4, and 15, further comprising observing the effect of the ablating of tissue using the optic fiber (col. 28, ln. 17-18).

Regarding claim 17, Underwood et al. disclose the method of claims 1-2, 4, and 15-16, wherein observing the effect comprises measuring a void created by the ablating of tissue (col. 28, ln. 22-23).

Regarding claim 18, Underwood et al. disclose the method of claims 1-2, 4, and 15-16, wherein observing the effect comprises observing an outer portion of the disc.

The device of Underwood et al. is inherently capable of observing an outer portion of the disc when observing the effect of ablation (Fig. 18).

Regarding claim 25, Underwood et al. disclose the method of claim 1, where advancing the at least one optic fiber into the nucleus of the disc via the access device is performed during an open surgical procedure (col. 3, ln. 27-33).

Regarding claim 26, Underwood et al. disclose the method of claim 1, where advancing the at least one optic fiber into the nucleus of the disc via the access device is performed during a percutaneous surgical procedure (col. 4, In. 46-50).

Claims 1-2, 4, 19-20, and 22-23 are rejected under 35 U.S.C. 102(b) as being anticipated by another embodiment of Underwood et al.

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Regarding claim 1, in another embodiment Underwood et al. disclose a method for treating an intervertebral disc comprising:

Independently advancing at least one optic fiber 280 into a nucleus of the disc through an access device 278 (col. 24, In. 12-35 and Fig. 13); and

Viewing an interior of the disc using at least one of the optic fibers (Figs. 13-15).

Regarding claim 2, in another embodiment Underwood et al. disclose the method of claim 1, further comprising advancing an access device into the disc to create a passageway into the disc with the access device (col. 24, ln. 30-35).

Regarding claim 4, in another embodiment Underwood et al. disclose the method of claims 1 and 2, further comprising:

Advancing a treatment device 284 through the access device 278 (Figs. 13-15); and

Activating the treatment device to treat the disc (col. 25, ln. 35-38).

Regarding claim 19, in another embodiment Underwood et al. disclose the method of claims 1, 2, and 4, wherein activating the treatment device comprises coagulating tissue within the disc (col. 3, ln. 48-53). It is noted that causing tissue to shrink constitutes coagulating tissue as evidenced by claim 21.

Regarding claim 20, in another embodiment Underwood et al. disclose the method of claims 1-2, 4, and 19, further comprising observing the effect of the coagulating of tissue using the optic fiber (Fig. 14).

Regarding claim 22, in another embodiment Underwood et al. disclose the method of claims 1-2, 4, and 19-20, wherein observing the effect comprises observing

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an outer portion of the disc. The device of Underwood et al. is inherently capable of observing an outer portion of the disc when observing the effect (Fig. 15).

Regarding claim 23, in another embodiment Underwood et al. disclose the method of claims 1, 2, and 4, further comprising performing non-invasive imaging prior to or during activating the treatment device (col. 24, ln. 1-15).

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

The factual inquiries set forth in *Graham* v. *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

- 1. Determining the scope and contents of the prior art.
- 2. Ascertaining the differences between the prior art and the claims at issue.
- 3. Resolving the level of ordinary skill in the pertinent art.
- 4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

Claims 3, 7-8, and 21 are rejected under 35 U.S.C. 103(a) as being unpatentable over Underwood et al.

Regarding claim 3, Underwood et al. disclose the method of claims 1 and 2. The claim differs from Underwood et al. in calling for advancing the access device into the

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disc to comprise separating layers of a fibrous outer portion of the disc to create a passageway into the disc with the access device. Underwood et al., however, disclose another embodiment of their invention in which the access device 702 comprises a needle (as called for by the applicant on page 17, ¶ 70 of the specification) that advances into the disc to separate layers of a fibrous outer portion of the disc to create a passageway into the disc that causes less damage and is re-sealable. (col. 33, ln. 25-34, col. 33, ln. 45-55, and Figs. 34-36). Therefore, it would have been obvious to one of ordinary skill in the art at the time the invention was made to have the method of advancing the access device of Underwood et al. comprise separating layers of a fibrous outer portion of the disc to create a passageway into the disc with the access device in view of another embodiment of Underwood et al. to create a passageway that causes less damage and is re-sealable.

Regarding claim 7, Underwood et al. disclose the method of claims 1, 2, and 4. The claim differs from Underwood et al. in calling for advancing of the at least one optic fiber and viewing the interior of the disc to be performed intermittently through said method. In view of the method disclosed by Underwood et al., however, it would have been obvious to one of ordinary skill in the art at the time the invention was made to have intermittently advanced at least one optic fiber and viewed the interior of the disc because the user would obviously remove tissue and intermittently advance at least one optic fiber and view the interior of the disc to see how much tissue had been removed.

Regarding claim 8, Underwood et al. disclose the method of claims 1 and 2. The claim differs from Underwood et al. in calling for advancing the access device to

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comprise inserting a needle into at least a fibrous outer portion of the disc. Underwood et al., however, disclose another embodiment of their invention in which the access device 702 comprises a needle (as called for by the applicant on page 17, ¶ 70 of the specification) that is inserted into a fibrous outer portion of the disc to create a passageway into the disc that causes less damage and is re-sealable. (col. 33, ln. 25-34, col. 33, ln. 45-55, and Figs. 34-36). Therefore, it would have been obvious to one of ordinary skill in the art at the time the invention was made to have the method of advancing the access device of Underwood et al. comprise inserting a needle into at least a fibrous outer portion of the disc in view of another embodiment of Underwood et al. to create a passageway that causes less damage and is re-sealable.

Regarding claim 21, in another embodiment Underwood et al. disclose the method of claims 1-2, 4, and 19-20. The claim differs from another embodiment of Underwood et al. in calling for observing the effect to comprise measuring shrinkage of tissue resulting from the coagulation of tissue. In one embodiment Underwood et al., however, teach measuring a void created by the ablating of tissue (col. 28, ln. 22-23). Therefore, it would have been obvious to one of ordinary skill in the art at the time the invention was made to have the method of observing of Underwood et al. comprise measuring shrinkage of tissue resulting from the coagulation of tissue in view of one embodiment of Underwood et al. because it is obvious to use the same method to measure a void to monitor treatment progress, whether the void is created by coagulation or ablation.

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Response to Arguments

Applicant's arguments with respect to the pending claims have been fully considered but they are not persuasive.

Regarding independent claim 1, applicant argues that Underwood does not disclose independently advancing at least one optic fiber into a nucleus of the disc through an access device.

Underwood, however, clearly discloses a plurality of inner lumens (not shown) in catheter body 306 that individually deliver the electrosurgical treatment device 310, endoscope 316, and other tools 314, 318 (col. 26, ln. 53-59, col. 26, ln. 63 – col. 27, ln. 8, and Figs. 16 and 17). Since the optic fiber of the endoscope and the other tools are each separately advanced through a respective lumen, the optic fiber is inherently independently advanced with respect to the disc as argued.

In addition, Underwood discloses that electrosurgical treatment device 310 is independently advanced and retracted with respect to the optic fiber of the endoscope (col. 27, ln. 9-20 and Figs. 16-18). It should be noted that catheter body 306 is mistakenly labeled "310" in Fig. 18. This mistake is clear from Underwood's disclosure that: electrosurgical instrument 310 has a flexible shaft 312 (col. 26, ln. 67 – col. 27, ln. 1 and Figs. 16-17); and that support cannula/flexible shaft 312 extends through an internal lumen 344 and beyond the distal end 346 of catheter body 306 (col. 27, ln. 30-31 and Figs. 16-17).

The examiner further maintains that the other embodiment of Underwood previously cited also continues to anticipate claim 1 as amended. With regards to the

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embodiment shown in Fig. 13, Underwood discloses that optic fiber of endoscope 280 is separately and independently advanced into a nucleus of the disc through an access device 278 (col. 24, In. 12-17 and Fig. 13). Electrosurgical treatment device 284 is then separately and independently advanced into a nucleus of the disc through the access device 278 (col. 24, In. 30-35 and Fig. 13).

Applicant further argues that the endoscope 316 of Underwood is fixed with respect to the catheter assembly 306. In response, the examiner takes the position that since the endoscope has a separate lumen, it must inherently be independently advanced through the access device (catheter assembly 306) into a nucleus of the disc when the endoscope is inserted via proximal hub 308.

Conclusion

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

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Any inquiry concerning this communication or earlier communications from the examiner should be directed to Alex B. Toy whose telephone number is (571) 272-1953. The examiner can normally be reached on Monday through Friday, 8:00 AM to 4:30 PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Linda C.M. Dvorak can be reached on (571) 272-4764. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

AT AT 5/14/07

PRIMARY EXAMINE